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C-I-P

5-25-05

FROM:

John Jensen
P.O. Box 165
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213-383-4380
213-383-4150 (Fax)

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OIPE/JCWS

**RE: CONTINUATION IN PART APPLICATION to
(1) Pat Application No. 09/776,498;**

Page 1 of 116

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PTO/SB/05 (04-05)

Approved for use through 07/31/2006. OMB 0851-0032

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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.																					
<i>(Only for new nonprovisional applications under 37 CFR 1.63(b))</i>		First Inventor																					
		Title																					
		Express Mail Label No.																					
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO:																					
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p><p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i></p><p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>93</u>] <i>Both the claims and abstract must start on a new page. (For information on the preferred arrangement, see MPEP 608.01(a))</i></p><p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>2</u>]</p><p>5. Oath or Declaration [Total Sheets _____] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i></p><p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) <input type="checkbox"/> Landscape Table on CD</p><p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, Items a. - c. are required)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p></div><div style="width: 45%;"><p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) <i>Name of Assignee _____</i></p><p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p><p>11. <input type="checkbox"/> English Translation Document (if applicable)</p><p>12. <input type="checkbox"/> Information Disclosure Statement (PTO/SB/08 or PTO-1449) <input type="checkbox"/> Copies of citations attached</p><p>13. <input type="checkbox"/> Preliminary Amendment</p><p>14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p><p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p><p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). <i>Applicant must attach form PTO/SB/35 or equivalent.</i></p><p>17. <input type="checkbox"/> Other: _____</p></div></div>		<div style="text-align: center;">Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450</div>																					
		18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continuation</div><div><input type="checkbox"/> Divisional</div><div><input checked="" type="checkbox"/> Continuation-in-part (CIP)</div></div> <div style="display: flex; justify-content: space-between;"><div><i>Prior application information:</i> <u>Examiner, Nargish Vira</u></div><div><i>of prior application No.:</i> <u>09/778,498</u></div></div> <div style="display: flex; justify-content: space-between;"><div></div><div><i>Art Unit:</i> <u>3629</u></div></div>																					
19. CORRESPONDENCE ADDRESS																							
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> The address associated with Customer Number: _____</div><div>OR <input checked="" type="checkbox"/> Correspondence address below</div></div>																							
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">Name</td><td colspan="3">John Jensen</td></tr><tr><td>Address</td><td colspan="3">P.O. Box 165</td></tr><tr><td>City</td><td>Santa Monica</td><td>State</td><td>CA</td></tr><tr><td>Country</td><td>U.S.A.</td><td>Zip Code</td><td>90408-0165</td></tr><tr><td>Telephone</td><td>310-567-0022</td><td>Email</td><td>johnjensen@earthlink.net</td></tr></table>				Name	John Jensen			Address	P.O. Box 165			City	Santa Monica	State	CA	Country	U.S.A.	Zip Code	90408-0165	Telephone	310-567-0022	Email	johnjensen@earthlink.net
Name	John Jensen																						
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<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">Signature</td><td style="width: 40%;">Date</td></tr><tr><td>Name (Print/Type)</td><td>Registration No. (Attorney/Agent)</td></tr><tr><td>John Jensen</td><td></td></tr></table>				Signature	Date	Name (Print/Type)	Registration No. (Attorney/Agent)	John Jensen															
Signature	Date																						
Name (Print/Type)	Registration No. (Attorney/Agent)																						
John Jensen																							

This collection of information is required by 37 CFR 1.63(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04/2)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/06/2004. Fee pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number _____ Filing Date _____ First Named Inventor John Jensen Examiner Name Nareesh Vig Art Unit 3629 Attorney Docket No. _____	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) _____			

METHOD OF PAYMENT (check all that apply)
☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	500
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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20	- 20 or HP =	0	x 25 =	0
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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2	- 3 or HP =	0	x 100 =	0
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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95	- 100 =	0	/ 50 =	0	(round up to a whole number) x 125 =	0
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	Registration No. (Attorney/Agent)	Telephone 310-567-0022
Name (Print/Type) John Jensen		Date 5-24-05

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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